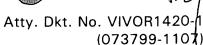


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Joy Day (Printed Name)

Commissioner for Patents, Washington, D.C. 20231.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Soon-Shiong et al.

Title:

CYTOPROTECTIVE **BIOCOMPATIBLE** 

CONTAINMENT SYSTEMS FOR BIOLOGICALLY ACTIVE MATERIALS AND METHODS

OF MAKING SAME

Prior Appl. No.: 09/264,187

Prior Appl. Filing Date: 03/09/1999

Examiner:

D. Jones

Art Unit:

1619

## CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

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Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[ ] Continuation

[X] Division

[ ] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

[X] Applicant claims small entity status under 37 CFR 1.27.

## Enclosed are:

Cover Sheet, Specification, Claims, and Abstract (57 pages).

Informal drawings.





Atty. Dkt. No. VIVOR1420-1 (073799-1107)

[ X ]	Declaration and Power of Attorney (4 pages).
[]	Assignment of the invention to
[]	Assignment Recordation Cover Sheet.
[ ]	Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
[]	Information Disclosure Statement.
[]	Form PTO-1449 with copies of listed reference(s).
[]	Preliminary Amendment.
[ <b>X</b> ]	Application Data Sheet (37 CFR 1.76).
[ <b>X</b> ]	Return Receipt Postcard

Please cancel original claims 7-38 before calculating the fee. The filing fee is calculated below:

	Claims		Included i	n	Extra				Fee
	as Filed		Basic Fee	•	Claims		Rate		Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	32	-	20	=	12	x	\$18.00	=	\$216.00
Independents:	11		3	=	8	×	\$84.00	=	\$672.00
If any Multiple Dependent Claim(s) present:				+	\$280.00	=	\$0.00		
							SUBTOTAL:	=	\$1628.00
[ X ]	Small	Entit	ty Fees	Apply	(subtrac	ct ½	of above):	=	\$814.00
		TOTAL FILING FEE							\$814.00

- [  $\boldsymbol{X}$  ] A check in the amount of \$814.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.





Atty. Dkt. No. VIVOR1420-1 (073799-1107)

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: December 20, 2001

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